

## **YOUR BABY WILL NEED THESE IMMUNIZATIONS:**

At 2 months: DTaP, HepB, Hib, Pneumo, Polio

At 4 months: DTaP, HepB, Hib, Pneumo, Polio

At 6 months: DTaP, HepB, Hib, Pneumo, Polio

At 12 months: Hib, MMR, Var, Pneumo

At 15 months: DTaP

At 2 years: HepA

DTaP=Diphtheria, Tetanus, Acellular Pertussis

HepA/HepB=Hepatitis A/Hepatitis B

Hib=Hib Meningitis, Haemophilus influenzae B

MMR=Measles, Mumps, Rubella

Pneumo=Pneumococcal conjugate

Var=Varicella (Chickenpox)

♥ With our best wishes. ♥

Gray Davis, Governor  
State of California

Grantland Johnson, Secretary  
Health and Human Services Agency

Diana M. Bontá, R.N., Dr.P.H.  
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Immunization Branch  
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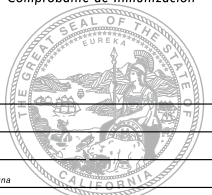
**T**here's nothing  
like a parent's  
love. ♥

**N**ow you have a new baby to love.

**G**ive your baby lots of love. **And** get your baby's immunizations on time. They will keep your baby safe from some very dangerous diseases.

**Y**our baby will need the first immunizations at **six to eight weeks** of age. The list on the back shows when the others are due. Get each one **on time** to protect your baby. Make an appointment now with your doctor or clinic for the first ones.

**T**he doctor or nurse will give you your baby's **Immunization Record**. Take it with you whenever your baby visits the doctor or clinic. You also will need to show it when your child goes to child care and school. Please safeguard it: Your baby will need it for a lifetime.

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| <b>IMMUNIZATION RECORD</b>   |       |
| Comprobante de Inmunización  |       |
|  |       |
| Name<br><i>nombre</i>  | _____ |
| Birthdate<br><i>fecha de nacimiento</i>  | _____ |
| Allergies<br><i>alergias</i>   | _____ |
| Vaccine Reactions<br><i>reacciones a la vacuna</i>                                   | _____ |
| RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO                                       |       |